

## MOTIVATIONAL INTERVIEWING

**DATE & TIME:** November 9, 2016 & November 30, 2016 9:00 AM – 4:00 PM  
(ATTENDANCE FOR BOTH DATES IS MANDATORY)

***All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.***

**PLACE:** California Endowment Center  
1000 N. Alameda Street, Tahoe Room & Big Sur Conference Room (11/30/16)  
Los Angeles, CA 90012

**PARKING:** Parking is free in facility lot

This training addresses the theoretical and conceptual underpinnings of Motivation Interviewing and equips clinicians with motivational interviewing techniques to “meet the consumers where they are at supporting improved clinical outcomes, consumer engagement and retention. The stages of change and the four processes of Motivational Interviewing will be reviewed. Participants will gain familiarity with opening strategies designed to elicit “change talk” from the consumer who presents in the early stage of change. The Adherence and Competence Feedback Form will be reviewed. A discussion about cultural relevance and modification of the technique to address the consumer’s cultural perspective will be discussed utilizing participants’ caseload examples.

**TARGET AUDIENCE:** DMH directly operated and DMH contract adult providers only

**OBJECTIVES:** As a result of attending this training, participants should be able to:

1. Identify the theoretical and conceptual makeup of Motivational Interviewing
2. Explain how people engage in and resist change
3. Name the 4 core processes of Motivational Interviewing
4. Explain how Motivational Interviewing can increase consumer retention and engagement
5. Apply opening strategies to elicit “change talk” in consumers.
6. Explain how Motivational Interviewing promotes recovery.
7. Discuss how individuals of various cultural and ethnic backgrounds may respond to the motivational intervention.
8. Design a Motivational Interviewing session using all the Motivational Interviewing tools.
9. Utilize a consumer’s “change talk” to support her/his recovery process.
10. Apply appropriate treatment techniques based on consumer’s level of motivation.
11. Utilize the Adherence and Competence Feedback form to rate a training video motivational interviewing session.
12. Assist the consumer in developing a change plan that is consistent with her/his stage of change.

**CONDUCTED BY:** Ahndrea Weiner, M.S., LMFT, LPCC Matrix Institute

**COORDINATED BY:** Maria Contreras, M.A., Training Coordinator  
[macontreras@dmh.lacounty.gov](mailto:macontreras@dmh.lacounty.gov)

**DEADLINE:** When maximum capacity is reached

**CONTINUING  
EDUCATION:**

**COST:** NONE

DMH Employees register at:  
<http://learningnet.lacounty.gov>

Contract Providers complete  
attached training application

☐ Cultural Competency ☐ Pre-licensure ☐ Law and Ethics ☐ Clinical Supervision ☒ General



**County of Los Angeles Department of Mental Health**  
**NON-DMH STAFF TRAINING APPLICATION FORM**  
**Please Print or Type**



**Instructions**

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

*This form is not to be used for LPS Designation Training. The LPS Application is available at [lacdmh.lacounty.gov/training&workforce.html](http://lacdmh.lacounty.gov/training&workforce.html).*

Training Title

(as in DMH bulletin) **MOTIVATIONAL INTERVIEWING**

Date(s) **November 9, 2016 & November 30, 2016**

Training Coordinator: **Maria Contreras, MA**

County Employee Number

*(non-county employees supply the last four digits of the SSN)*

Name

Program, Service or  
Agency

Job Title

Address

City

Zip Code

Telephone

Email

**License or Credential Number(s)** (complete as many as applicable)

CAADAC

LCSW

LPT

LVN

MD

MFT

Psychologist

RN

Supervisor's Approval (Applications will not be processed if not signed by supervisor)

Print Supervisor Name

Supervisor's Signature

For processing, please return Application to:  
**Los Angeles County-Department of Mental Health**  
**Adult System of Care (ASOC)**  
**550 S. Vermont Ave, 3<sup>rd</sup> Floor**  
**Los Angeles, CA 90020**

**Fax: 213.427.6178**

**Phone: 213.738.2764**

**Email: [macontreras@dmh.lacounty.gov](mailto:macontreras@dmh.lacounty.gov)**

(When faxing, there is no need to use a cover sheet)